Senior Citizens' Secretariat

Newsletter

VOLUME 107 MARCH 2004

Staff Welcomes Bill Hughes

Bill Hughes is on a two year secondment to the Senior Citizens' Secretariat from the federal government. He was Regional Manager, Income Security Programs and has worked in a variety of management positions during his career.

Since arriving at the Senior Citizens' Secretariat he has been involved in several initiatives.

He recently represented the Secretariat as a partner with the Nova Scotia Advisory Council on the Status of Women and the Legal Information Society of Nova Scotia. The partners examined the prevalence of common law relationships. What many common law couples don't realize is that living common law does come with legal rights and obligations—some similar to and some very different from marriage.

The culmination of the partnership was the production of a booklet entitled *And They Lived Happily Ever After* ... This publication will be of great benefit to Seniors in Nova Scotia, who in increasing numbers are living in common law relationships. The booklet can be found in libraries throughout the province, viewed on our website (www.gov.ns.ca/scs) or by contacting this office.

The Secretariat is responding to a government commitment to launch a five-year Elder Abuse Strategy.

In light of the government commitment we have formed a Elder Abuse Awareness and Prevention Strategy Committee to move forward priorities previously identified. We are targeting "Awareness" as the first priority and presently are exploring effective ways to enhance the awareness of citizens of elder abuse in Nova Scotia. Bill will also staff this committee.

Seniors for Literacy Project

According to the 1996 report of the International Adult Literacy Survey, seventy percent of older Canadians, age 56 and over, have difficulty with reading and numeracy skills. In Nova Scotia, it is estimated that fifty-eight percent of seniors function at a very low level of literacy, and twenty-seven percent have limited literacy skills. (HRDC.NLS Newsletter. Volume 1. Issue 3).

It was one year ago this month that I reported that we were developing a resource kit to help community learning networks to begin to address this problem by providing basic upgrading programs for seniors. I am happy to say that the kit was completed in early Fall, 2003 and I was able to travel to several regions of the province to introduce it to community groups.

These groups consisted of coordinators of learning networks and representatives of the local senior citizens' councils, and it was heartwarming to see how the two age groups discovered each other's existence. These interactions were the spark needed for community groups to move forward with plans to develop basic upgrading programs for seniors in our province.

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The resource kit entitled *Enhancing the Basic Learning Skills of Older Nova Scotians—A Resource Kit* was well received by everyone. The kit consists of a three-ring binder with nine sections of resource materials on such topics as storytelling, health, nutrition and fitness, hobbies and history, safety, information technology, personal finances, computer learning, and everyday math. Included with the kit is a booklet containing information on older adult learning, barriers that are encountered, and strategies on how to deal with them. It also contains an extensive list of other basic learning resources that are available for older adults and how to obtain them. The booklet is available free of charge by contacting the Secretariat and asking for *Enhancing the Basic Learning Skills of Older Nova Scotians—Context and Strategies*. As well, the entire resource kit can be borrowed from the Secretariat Information Resource Centre.

I am pleased to report that the National Literacy Secretariat of Human Resources Development Canada (HRDC) has provided funding for us to continue to the next phase of testing the resource kit in a pilot project. The kit will be used in six community-learning programs with older adult enrollees and its relevance and effectiveness to both learners and tutors will be evaluated. We are now in the process of recruiting six learning networks to take this on, and the response so far has been positive. As part of the project, six qualified volunteer tutors will receive training on how to work with older learners. The project should be completed and evaluated by the end of the year. As far as we can tell, this kind of project with such resources is "a first" in Canada. For further information on the project, please feel free to contact me at the Secretariat at 424-5329 or 1-800-670-0065.

Marguerite McMillan
Coordinator, Seniors' Literacy Pilot Project

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles, and items of interest from you. Please include your name, address, and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies, and programs presented by the departments of the provincial government. The Secretariat serves as a one-door entry to government for seniors, seniors' groups, and other provincial bodies concerned with ageing issues. The Secretariat develops plans, policies, and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065. E-mail scs@gov.ns.ca Website www.gov.ns.ca/scs

Reduce your taxes

Eligible individuals who live in residential care facilities for seniors, community based options, retirement homes and similar establishments may now claim attendant care costs as medical expenses. This opportunity is available to people who have a Disability Tax Credit Certificate and meet certain other criteria. Attendant care includes wages paid to employees of the facility who provide services such as health care, meal preparation and housekeeping. For further information call the Canada Revenue Agency at 1-800-959-8281.

Community Based Transportation in Nova Scotia

There are currently seven community based transportation organizations servicing eight counties in Nova Scotia. These operators provide transportation to seniors, persons with disabilities and others who do not have their own means of transportation. Because many areas of the province do not have public accessible transportation and some existing services are experiencing financial difficulties, the Annapolis County Alternative Transportation Society, in partnership with other government and community organizations, commissioned a study on this matter. The report makes recommendations for a process to secure sustainable funding and increase the public profile of rural transportation. The study concludes that support from all three levels of government and the general public is key to resolving local and community based transportation issues. The Nova Scotia Senior Citizens Secretariat is a member of the Community Based Transportation Association.

Provincial Funding for Community Transportation

The Nova Scotia government is helping to expand accessible transportation services in western Nova Scotia. Funding to extend the Dial-a-Ride service in Digby County and to support the service in Shelburne County was announced recently. Both services are part of the Dial-A-Ride Nova Scotia network, which provides transportation services for rural Nova Scotians who are elderly, have disabilities, or are on low incomes, and who need safe, affordable and accessible transportation. The Annapolis County Alternative Transportation Society (ACATS) received $6,157 to extend its Dial-a-Ride service to residents of Digby County. In Shelburne County, Hardt's Haven Dial-a-Ride and the Shelburne County Transportation Society will receive $11,443 to help with its operating costs. The Dial-A-Ride Nova Scotia network can be accessed by calling 1-877-305-7433.

Provincial Funding for Community Transportation Announced

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May is Hearing! Awareness Month

Do you have trouble hearing? If so, you are not alone. More than 55,000 Nova Scotians experience some degree of hearing loss. May has been designated Hearing Awareness Month and is a good time for you to check out the many programs and services available to those with hearing loss. *Society of Deaf and Hard of Hearing Nova Scotians* is one agency that provides a range of programs and services to hard of hearing and deafened people. With offices in Sydney and Halifax, its programs and services include technical and assistive listening devices, self help support groups, information and referrals.

The technical devices program includes a wide range of specialized products that are designed to make life that little bit easier for those with a hearing loss. They include amplified phones, amplifiers and loud ringers that can be connected to your existing phone and even answering machines with amplifiers built into them. In addition, there are alarm clocks that vibrate and flash a plugged in lamp to ensure you wake up when you want to and infrared style headphones assist with listening to the television. There are even devices that will alert you when your phone rings or someone is at the door.

If you would like more information please contact us at either our Halifax office (902) 422-7130 or our Cape Breton office (902) 564-0003 or visit our website: www.sdhhns.org.

Source: Society of Deaf and Hard of Hearing Nova Scotians

Medication Awareness

The role of the Medication Awareness Committee of the Nova Scotia Senior Citizens' Secretariat is the promotion of informed and sensible use of prescription and over-the-counter medications by older Nova Scotians. Improved use of medications will result in improved health and an overall increase in the quality of life of those seniors that must use medications. Among the initiatives of the Committee is the promotion and distribution of the pamphlet *Knowledge is the Best Medicine* and the enclosed *Medication Record* book. Another initiative being promoted by the Committee is the Vial of Life. This valuable tool, especially when used in conjunction with the *Medication Record*, assists emergency personnel by providing important medical information when they respond to an in-home emergency. The Vial of Life is a plastic medicine container in which is stored medical information including the medicines that members of the household are taking. The vial is kept in the fridge with a sign on the fridge door to alert emergency personnel.

Should you wish further information on either of these initiatives including the Vial of Life partner in your area, please call the Secretariat at 1-800-670-0065.

Role Models

By Kimberly Williams

Black Heritage is their future

Matthew Thomas
Former Occupation: Postal supervisor, Age: 63

Carolyn Thomas
Former Occupation: Manager, Nova Scotia Human Rights, Age: 60

When Carolyn and Matthew Thomas retired 10 years ago, they planned to take it easy and do some travelling. But instead they came up with an idea that would bring travellers to their hometown of East Preston, NS, about a half hour east of Halifax. In 1995, they launched Black Heritage Tours to introduce visitors to the history of blacks in Nova Scotia.

What did you do before retiring? Carolyn was a manager with the Nova Scotia Human Rights Commission. At a meeting in Washington, D.C., she gave a speech about the history of the Underground Railroad in Nova Scotia. (The "railroad" was a secret network of sympathizers who helped escaped black slaves travel from the southern United States to freedom in Canada). After her speech, several black business professionals wanted to know more.

Carolyn's husband, Matthew, a retired postal supervisor, says, "All these Americans knew about Nova Scotia was that it was very cold and had a lot of fish. They said, "Look, we'd love to come to Nova Scotia. If we came, would somebody show us around?"

"We had been thinking about black heritage tour," says Carolyn, "and the proof was in the pudding when we went to Washington. They were eager to come here, from a genealogical perspective. They were saying, "We have people there!' And we said, "You need to come on up".

For the Americans, it was the first time they'd heard that the Underground Railroad also led to Nova Scotia, which meant they might have descendants there. It was then the Thomases realized that not many people know the story of the estimated 500 to 700 escaped slaves who settled in Nova Scotia, and that many tourists to Halifax never get a chance to learn about the black community's rich cultural history.

Retirement role: Black Heritage Tours Inc. is now starting to flourish. "I'm a historian," Carolyn, a former elementary school teacher, says in a passionate tone. "I've always been hungry for more and more knowledge and I always try to push that on everybody else."

The couple conduct three or four accompanied tours a week for tourists, school children and government employees. Tours are tailored to individual interests. The Thomases love to tell stories of their own history, and the tour might include visits to the Black Cultural Centre of Nova Scotia, a black history museum in Cherry Brook, churches affiliated with the African United Baptist Association of Nova Scotia, the Africville site (a once-thriving black community in Halifax that was razed in 1968 for a landfill site; it's now a public park), and the Black Loyalist Heritage Society, to name a few.

Matthew and Carolyn share all aspects of the business, from marketing to conducting the tours. Daughter Tamara helps them run he business and has developed her own passion for her heritage. The couple's three other children no longer live in Nova Scotia, but Carolyn says they help out when they visit.

Retirement dream: The Thomases hope the business will eventually grow large enough to include their own tour buses. "I don't want it to die. Our purpose in building the business was that it would outlive us:' says Carolyn firmly. "I would like to believe that others will say we taught (our four children) well and that we have left a legacy they will perpetuate."

Advice for others: "When I was going to retire, I said I was going to relax and do nothing," said Matthew. "This business got me out of a rut, it gets me out of the house and I enjoy it because everybody has a different story to tell."

Their advice to retirees is to find something you enjoy. They wouldn't change a thing if they were to do it allover again. "Oh gosh, look—we're just enjoying ourselves," says Matthew. "I don't know what else we could have done where we could have so much fun and learn so much. It's exciting to be able to teach people about our culture here in Nova Scotia."

Biggest thrill: Carolyn and Matthew had the honour of taking Dr. Rosa Parks, the famed American civil rights leader, on their tour. Parks gained renown in the early days of the civil rights movement when she refused to give up her seat and move to the black section at the back of the bus.

But every day they work, the Thomases get the opportunity to touch and enrich the lives of others. Their slogan: "Discovering the half that has never been told."

For information on Black Heritage Tours Inc., call (902) 462- 4495 or visit www3.ns.sympatico.ca/black.heritage

Source: *Good Times*, March 2004

Get Wild Blue, Get Healthy

Wild blueberries may be small, but studies indicate they may have big powers of protection. Research shows that Wild Blueberries generally have more beneficial antioxidant and phenolic content than their larger cultivated cousins.* The many health benefits of Wild Blueberries include:

Anti-Aging: Ongoing brain research shows that blueberries may reverse short-term memory loss and improve motor skills.

Urinary Tract Health: Like cranberries, blueberries may help prevent urinary tract infections.

Cancer Prevention: Research shows that Wild Blueberry compounds may inhibit cancer.

Vision Health: Research has indicated that blueberries may improve night vision and prevent tired eyes.

For more information visit www.wildblueberries.com

* Journal of Agricultural and Food Chemistry, 49: 4761-4767, 2001

Cape Breton Regional Police

The Cape Breton Regional Police Service in collaboration with the Cape Breton Council of Senior Citizens & Pensioners are requesting participants as well as volunteers for *The Senior Contact Program*. This program is provided free of charge. For more information please contact Cst. Nick Denny at 902-563-5104 or Cindy Lee MacCharles at 902-564- 8416.

Community Volunteer Income Tax Program

TELEFILE is one of the Canada Customs and Revenue Agency's (CCRA) electronic filing services for individuals. It is a free service that allows clients with basic tax situations to file their income tax returns by touch-tone telephone. The TELEFILE service requires no special equipment and takes only minutes to do.

Last year, about 125,000 seniors were mailed a personalized letter inviting them to file their tax return using a simplified TELEFILE service known as the *Service for Seniors*. This year, the *Service for Seniors* has been expanded to include clients across the country.

The *Service for Seniors* only requires clients to identify themselves and answer a few "yes" or "no" questions. Clients are not required to enter their income, deductions, or non-refundable tax credit amounts. During the assessment process, the client's income will be included automatically using Agency information. As well, the client will be allowed the basic personal and age amounts.

To be invited to use the new service, the client must be over age 65 and their:

- only income in 2002 was from CAS, CPP/QPP, or Net Federal Supplements; and
- taxable income in 2002 was less than $10,500.

The Notice of Assessment issued to the client will confirm the amount of GAS, CPP/QPP and/or net federal supplements included during assessment.

How do you use the *Service for Seniors*?

To use the *Service for Seniors*, the client calls the existing TELEFILE service at 1-800-959-1110. Once the client enters their social insurance number and access code, the TELEFILE service will know that the client is eligible to use the new service.

TELEFILE is available from February 9 to June 30, 2004.

Advantages of using TELEFILE:

- Toll free call
- Secure and confidential
- Fast refunds -as quick as 8 business days!
- Easy as telephone banking
- No paper return to mail
- No receipts to send in
- Immediate confirmation that the CCRA has received your return

For more information about TELEFILE, see your tax package, call 1-800-959-8281, or visit the CCRA Website at www.ccra.gc.ca/telefile

For more information on the Community Volunteer Income Tax Program call 902-564-7122, or visit the CVITP Website at www.ccra-adrc.gc.ca/volunteer

Source: Canada Customs and Revenue Agency

Planning Intergenerational Programs

Successful intergenerational programs require considerable thought and planning if they are to be a success. Organizers of intergenerational programs will increase the success of activities when the following is considered.

Clearly define objectives.

Intergenerational activities should support curricular goals. "Getting the generations together" is not a sufficient reason for organizers to promote intergenerational activities. There must be purposeful interaction that addresses specific objectives. When intergenerational programs do not have clear goals, younger people and older adults are less likely to know what is expected of them. If an intergenerational program is not perceived as being purposeful by all participants, younger and older persons may question the experience. All participants need to know the purpose, process and timing of activities.

Present a balanced view of older adults.

Portraying older people as wise sages living in a glamorous, romanticized period is as much a disservice as emphasizing the negative stereotypes of older adults as being poor, frail and helpless. Programs and activities should allow as much exposure as possible to a variety of older people. If intergenerational exposure must be limited, programs that use well-aged groups of older adults are preferable, because they serve as models for successful aging. They are also more representative of the over-60 population. Successful programs with frail or disabled persons can be accomplished with proper attention to details, and emphasis on the positive—even in difficult circumstances.

Consider the needs of both groups.

In addition to specific objectives, programs must consider the special abilities and interests of both younger and older participants. This will influence the length of time and kinds of activities that will hold both of their interest levels. The more successful intergenerational programs match the needs of both age groups.

Review effective communication skills.

Acquaint the younger participants with listening and speaking skills that are helpful in communicating with older adults who may experience a hearing or vision loss. However, health problems associated with age should not be over emphasized. This would only reinforce younger people's fears and negative attitudes about aging. Brief explanations of hearing and vision changes are appropriate. Practical communication suggestions include facing the person when listening or speaking, not speaking too fast or too slowly, clearly enunciating words, speaking in complete sentences with the use of appropriate hand gestures and, if necessary, repeating information through the use of different words. Emphasize that these are good communication skills to use with people of all ages.

Choose the setting carefully.

When choosing a location for intergenerational activities, consider such aspects as location, size of room, restrooms, accessibility for disabled persons, distracting noises or activity, ventilation, chairs and general aesthetics. An uncomfortable setting can ruin the best programs.

Allow sufficient time for opening and closing intergenerational activities.

Intimate, meaningful interaction is possible only after participants have overcome initial skepticism and insecurity about the group. Intergenerational organizers can provide the structure for opening activities that introduce persons and set a positive tone. Younger people along the age continuum react differently to older people whom they may not know.

Effective group development also includes attention to separation or termination. Time should be allowed for participants to consolidate learning and to emphasize positive aspects of intergenerational experiences. Participants should be encouraged to express what they liked or did not like and in some cases, they may have questions that need to be addressed.

Edited Version:
Planning Intergenerational Programs
University of North Texas

Source: *Intercom—International Federation on Ageing*, October 2003—Volume 10—No. 5

Tales of Times Past

Intergenerational/Intercultural Oral History Program

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Introduction

In all cultures it is the senior members who are the custodians of the stories which convey the history of the community. They are the storytellers of events both local and world wide that have shaped society. The last hundred years has bought such meteoric change and our elders have had a ringside seat. They have been witness to the changing face of the land, changes to social customs and traditions that have been influenced by the intermingling of many cultural beliefs and rapidly evolving technology.

In a vast country such as Australia with a large immigrant and shifting population the wisdom of the elders is often a missing resource. It is not easy these days for children to sit at the feet of their grandparents, to listen to stories ranging from the ordinary to the extraordinary, about a time so different from their own.

It is not only the younger generation that benefits by listening to these stories. All generations have an opportunity to enrich their own understanding of our heritage and ancestry thereby breaking down the barriers and dispelling the stereotypical myths that separate cultures and generations.

There are many stories untold or rarely told from the lives of people who have much to tell. By valuing the life long experience of our older people this program aims to be a pebble in a pond sending out ripples into the community which say, "Listen, I have a story to tell".

The program is generally funded by a local council/councils and brings together seniors from a diverse range of cultural backgrounds. The program comprises of 18 weekly sessions, which include 11 workshops and 7 school and community performances, followed by ongoing monthly meetings. During the workshops the experiences of the participants are explored and developed into stories that are representative of their generation and culture through a series of themes.

Themes such as:

- Childhood experiences of growing up in the earlier part of the last century
- Experiencing the many changes in the environment, technology
- Adapting to the many changes in society, cultural beliefs and values
- Living through historical events both local and world wide

Preparation for the performances include:

- Developing skills to enhance confidence through presentation techniques
- Selecting and developing stories
- Encouraging inclusion of arts and crafts representative of the seniors cultural history
- Gathering memorabilia

A number of the workshops are designed to assist in establishing the group as an independent resource of senior storytellers that continue to be available to schools and the wider community. The focus of these workshops set up strategies to enable the group to manage on a long term basis. Such as: planning, marketing and co-ordination skills, and establishing roles and functions within the group. Participants are engaged through: local cultural communities, senior citizen centres and groups, retirement communities and homes, editorials describing the project in local newspapers and invitations to local identities

Project Background

The program Tales of Times Past evolved out of the extensive experience Vasanti Sunderland had as a Community Development Consultant/ Facilitator and Storyteller, working with a wide range of people from diverse cultural backgrounds and generations. It was evident very early in the establishment phase that the creative process of using story as a key medium to bring diverse sectors of the community together had very positive community development outcomes.

Since the inception of the program in 1995, it has run in 11 Council precincts throughout Penh, Western Australia involving 500 senior storytellers, 75 schools and over 22,000 students, teachers and general public. The school and community performances have been a great success for all involved.

The development of independent resource groups of senior storytellers ensures that the project's aims continue to unfold and the richness of our seniors experiences, as part of our heritage, is an easily accessible oral history. The independent OETales of Times Past groups continue to meet regularly and present their stories in a wide range of events and venues.

Vasanti Sunderland has 15 years experience in the field of Community and Cultural Development. During this time she has designed and facilitated programs for government departments and a wide range of community and cultural organizations and is currently an actor, conductor and teacher with Penh Playback Theatre Company since 1989.

Source: *Intercom—International Federation on Ageing*, October 2003; Volume 10, No. 5

Spirituality for all seasons

As we face the challenges of providing care, we may occasionally feel the desire that there is more to life, that something is "missing". Spirituality, or connecting beyond ourselves, may help fill this void. Here are a few tips to practising spirituality on a daily basis:

- Commune with nature.
- Read about the great teachers—Jesus, Buddha, Muhammed, the Dalai Lama, etc.
- Meditate.
- Explore poetry and art.
- Join a faith community.
- Find a spiritual teacher.
- Live for the moment. Be here now.
- Reach out and support others.

Source: *The Healthy Boomer: A no-nonsense midlife health guide for women and men.*

When the words don't come out right

Difficulty with speaking is a frequent side effect of a stroke, a laryngectomy or a degenerative neurological disorder such as Parkinson's disease or dementia.

This often sudden inability to communicate effectively can be devastating. Imagine not being able to make yourself understood, even though your brain knows what it wants to say! It can be equally traumatic for the family, who share the frustration and anguish.

Difficulties with speaking can include loss of voice or change in voice; problems remembering words or understanding the meaning of words; meaning to say one word, only to have an unrelated word come out instead; trouble swallowing; and stuttering.

If you, or somebody you know, are having difficulty with speech and/or language, a visit to a local speech language pathologist may provide solutions. These professionals are specially trained to treat problems with communication. They work closely with other professionals, sometimes as part of a multidisciplinary team, in providing a coordinated program of care. Speech language pathologists often provide treatment in your home, making therapy accessible to those who are homebound.

Speech language pathology services can be accessed through a variety of sources including Community Care Access Centres (for speech), Regional Health Authorities, community health clinics, physicians, public health units, hospitals, rehabilitation centres, long term care facilities and nursing homes.

Source: College of Audiologists and Speech Language Pathologists of Ontario

Plant power!

Looking for a meaningful activity to share with your family member? Try planting a garden with them.

"Many elderly [people] see planting seeds as a way of extending their morality," says Jim Bradford, a California Horticultural Therapist. "As well, gardening may help divert their thoughts away from their illness."

There are also the physical benefits: an improved range of motion and increased muscle strength and tone.

Best of all, a garden can be started almost anywhere—from a small collection of plants on a balcony or window to a full scale garden in your backyard.

Source: *Accessible Gardening for People with Physical Disabilities*

Taking your first steps as a caregiver

By Paula Mintzberg

Face up to the fact:

The very first step is to identify yourself with the term, "caregiver"—It's a term that can be hard to pin down. The Caregivers Association of Ontario offers one definition: "A caregiver is a person who informally cares for and supports a family member, friend, neighbour or individual who is frail, ill or disabled, and who lives at home or in a care facility." Does this describe you?

Many people, especially seniors, feel they are simply fulfilling their responsibilities as a husband or wife when caring for their spouse; or a child caring for an older parent They don't think of themselves as caregivers and may even view asking for help as a sign of helplessness, inadequacy, or failure. Inevitably they will overlook services that are available and will miss receiving help to which they are deservedly entitled. So, whether you are caring for a spouse, partner, parent, child, sibling or friend, remember that you are now a caregiver.

Acknowledge that you are important too:

No doubt you are channelling much of your time and energy into providing the best possible care, support and advice someone, but there is another person whose health is a priority. That person is you. If you become ill, who will provide the care, guidance and assistance? It is not selfish to think about yourself also. Caregiving can be exhausting, so you have to focus on ways to stay healthy, both physically and emotionally. Proper nutrition, exercise and adequate sleep are vital to your well being, as is the help and support provided by family, friends, self-help groups and community services.

Get to know the terrain:

Each province has its own way of delivering health services, with specific rules and regulations. In Ontario, for example, there are 43 Community Care Access Centres (CCACs) across the province. These are government-funded, not-for-profit organizations serving as a local point of access for in-home health care, information and referral services and access to long-term placement. Similar organizations exist in other provinces.

Regardless of where you are, eligibility for home care help will likely be dependent on certain criteria, such as having a valid health card number, being unable to access out-patient services, or needing one of the professional or personal support services for a condition that can be appropriately treated at home and having a home environment suitable for implementing these services.

It is important to understand what home care is and what it provides.

Home care has been called "a group of services that help people receive care at home when they are ill, disabled, recovering from illness or surgery, or dying."

The goal here is to enable people with poor or deteriorating health "to live at home, often with the effect of preventing, delaying or substituting for long- term care or acute care alternatives."

Whether you need to have someone keep your spouse company so that you get a break, or you require comprehensive in home nursing services, you are entitled to ask for home care.

In some cases, you might have the option of paying for additional services, or if you would like more hours of care than your government agency is able to provide.

Prepare a schedule:

Once home care service providers start coming into your home, it is very important that you keep a proper written schedule so you will know when help is arriving. This will be vitally important when making appointments for either you or your spouse. You will also need a system to keep track of medical information pertaining to the care of your loved one. If you have difficulty creating your own forms, helpful information is available through many sources, including the Internet.

Prepare for all eventualities:

Though often a difficult task to face, it may be necessary to get financial and legal affairs in order at this time. If you procrastinate too long, your loved one's mental or physical health might have deteriorated to the point where he is not able to sign authority over to you. Do you have Power of Attorney for your loved one's personal care and financial matters? Do you have wills? Are you aware of your spouse's estate? It would be prudent to get legal advice so that everything is looked after before a crisis occurs.

Don't be afraid to ask for help:

Initially, a caregiver might get the support he or she needs by confiding in one or two close friends. It is so important to be able to share your thoughts and feelings. Don't isolate yourself. In the first few weeks of caregiving, you may be too busy to even think about joining a support group. However, established support groups offer an alternate outlet for sharing and venting feelings. By acknowledging your feelings, you can begin to understand them. You might find it easier to talk to a group of people who are in the same position as you, who truly understand your situation and can offer emotional support as you carry out your day-to-day responsibilities.

If the traditional self-help group is not for you, you might prefer a telephone buddy system where one-on-one support is offered, or the anonymity of an online support group. For information about the appropriate support network for you, call your local community health centre, speak to your local home care agency or case manager or contact relevant groups, such as the Alzheimer Society or the Arthritis Society.

Hold team meetings:

If you are fortunate enough to have developed a support network of family and friends, now is a good time to have a team meeting. If possible, the care recipient should be included in the decision-making. Both the needs of the patient and the caregiver have to be discussed. Home care might not be able to provide as many hours as you would like. Relatives and friends are often willing, but hesitant, to offer assistance because they don't know what to do. However, if tasks are discussed and delegated on an individual basis, a win/win situation is created—the caregiver receives the help she needs and the support team feels useful providing it.

Initially, members of this team might save you the time and effort of tracking down information you need. For example, is there a barber/hairdresser who does house calls? Is there a volunteer-based service to provide respite care? Can you access meals on wheels or another meal service? If the caregiver does not drive or isn't available, is volunteer transportation (for medical appointments) available through a community agency? Would the in-home services of an occupational therapist, speech therapist or physiotherapist be available if required?

Learn what you can:

Knowledge is an empowering tool. Learn as much as you can about the care recipient's medical condition. Ask questions and share ideas with family members and health professionals. There is a wealth of information about this and caregiving to be found within libraries, magazines, established organizations and on the Internet. Very often caregivers have neither the knowledge nor patience to go online. Ask a friend or relative to do this for you. What a tremendous boost it would be to have invaluable information at your fingertips.

And finally always remember to take good care of yourself. By paying attention to eating properly, getting enough rest and exercise and by turning to others for support you will be better prepared for the journey that lies ahead. You are now at the starting point. There are many people to help you along the way. LET THEM!

Paula Mintzberg is the Respite Services Coordinator at The Bernard Betel Centre for Creative Living Toronto, Ontario.

Source: *Solutions—Coping with the challenges of aging*, Spring 2001, Volume 3, Issue 1

Books

The Encyclopedia of Health and Aging
by Evelyn Michaels with Dr. Michael Gordon

The Encyclopedia of Health and Aging: The Complete Guide to Well-Being in Your Later Years is an excellent, easy-to-read and authoritative look at the health concerns of older Canadians.

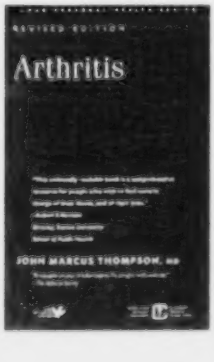
The authors, a medical editor at the University of Toronto and a specialist in geriatric medicine at the Baycrest Centre for Geriatric Care, bring a wealth of knowledge and gift for clear communication to this useful book. The authors don't attempt to overwhelm the reader with too much knowledge, but provide enough information to get the key messages across and point the reader in the right direction.

The book is well laid-out, broken down into key subjects, and comprehensively indexed.

A highly useful reference for the elderly and their caregivers who want to know more about and be involved in their medical care.

Published by Key Porter Books in cooperation with the Baycrest Centre for Geriatric Care. Call 416-862-7777.

Arthritis
by John Marcus Thompson



"To have the best possible outcome, patients must know as much about their arthritis as their doctor knows." With this statement, author John Marcus Thompson carries the reader through 300 pages of arthritis knowledge—of interest to anyone who really wants to know everything about this condition.

This revised edition covers a lot of territory, from basic information on arthritis and its diagnosis to specific types of arthritis—inflammatory, non-inflammatory, arthritis caused by crystals (e.g. gout), and uncommon forms, and more.

Arthritis, endorsed by The Arthritis Society and the Canadian Medical Association, is published by Key Porter Books. Call 416-862-7777.

Elsie's Silent Cries
by Barbara Copeman-High

In *Elsie's Silent Cries*, author Barbara Copeman-High shares the touching story of her mother's journey through Alzheimer's disease.

From her childhood in rural Quebec to her eventual passing in Cornwall, Ontario, Elsie Olive Rourke-Copeman's life is shared through personal stories which show her independence and her gradual mental decline.

In telling her mother's story, Barbara explains, "I didn't have anyone ... to tell me what to expect at the different stages of Alzheimer's. I wished I had."

"I hoped that my mother's story, which to me was both heart breaking and rewarding, would help prepare people in situations similar to what may lie ahead." There is no question that Barbara achieves this goal in her self-published, 96-page book.

Interspersed throughout the beautifully written vignettes are situations which family caregivers should watch for, as well as some practical tips. A dominant theme is the importance of focusing on the person, and not the disease.

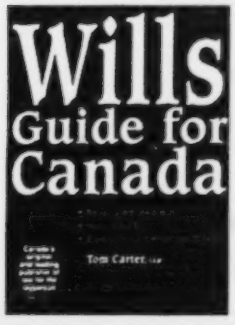
A must-read for anyone caring for someone with Alzheimer's.

To order *Elsie's Silent Cries*, contact Barbara by e-mail at bhh@cnwl.igs.net or write to her at P.O. Box 20017, Cornwall Square Post Office, Cornwall, ON K6H 7H6. Please include $19.95 plus $4.00 shipping and handling.

Wills Guide for Canada
by Tom Carter, LLB

If you or your elderly family members are average Canadians, chances are that you do not have a proper will. What's wrong with such a scenario? Upon your death, your personal belongings may not be distributed as you wish.

Fortunately, there is the *Wills Guide for Canada*. In this informative paperback, author Tom Carter



covers all of the basics to writing a legal will. Educational chapters include the estate planning process, choosing an executor, enduring power of attorney, the costs of dying, and finding and using a good estate-planning lawyer.

Each chapter is brief, allowing for easy learning and review. Frequently asked questions are scattered throughout.

Readers will benefit from author Tom Carter's 20 years of experience in the legal field during which he gained a thorough understanding of wills and estates, incapacity planning and adult guardianship and trusteeship.

A good introduction for every Canadian interested in estate planning and protecting their assets.

Wills Guide for Canada is part of the Self-Counsel Press Legal Series. To order, call 1-800-663-3007; in British Columbia, call 604-986-3366.

Information Guide: Care and services designed for cancer patients
by CLSC de la Pommeraie

A six member committee and a 20-person support group took almost two years of research to develop the *Information Guide*. The result? A powerful, practical resource to dealing with the physical and emotional aspects of cancer.

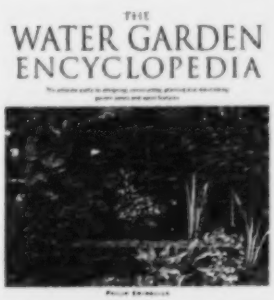
The *Guide* actually consists of two, small, white binders—one is written for the cancer patient; the other for the caregiver. Each binder contains a collection of informative brochures dealing with different subjects depending on the reader's perspective (i.e. patient or caregiver). Subjects range from diagnosis to treatment, from communications to bereavement and much more.

What puts this valuable resource in a class by itself is its deceiving simplicity and reassuring tone. Throughout, information is presented in short, simple paragraphs. As well, a number of resources (including books, videos, websites and associations) are listed.

The patient's binder even contains a little diary for patients to write their reflections in while undergoing treatment.

The Information Guide: Care and services designed for cancer patients, published by the CLSC de la Pommeraie, is strongly recommended. For more information on either Guide, please call 450-263-3242.

The Water Garden Encyclopedia
The Ultimate Guide to Designing, Constructing, Planting and Maintaining Garden Ponds and Water Features

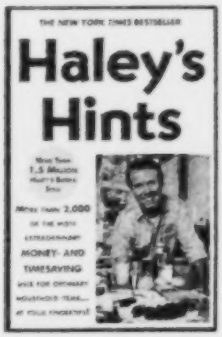


If you'd love to have a water garden, this book will keep your dream afloat. *The Water Garden Encyclopedia* has 400 color photographs, and includes 40 projects, from pots and ponds to water gardens and fountains.

Author Philip Swindells covers the basics—then he presents an overview of six main styles.

The Water Garden Encyclopedia by Philip Swindells, published by Firefly Books Ltd., 2003. Softcover, 256 pages. $29.95

Haley's Hints
Household Hints even Granny hasn't heard



These household hints sound wacky—like holding a slice of warm bread over your ear if you have an ear ache—but they seem to work. Haley's Hints has taken Granny's remedies to a whole new level. Along with the classic kitchen and home hints, there's a chapter titled "The Car Mechanic," which teaches everything from how to clean sparkplugs with oven cleaner to making your own windshield washer fluid.

Other tips: To get rid of flies at a picnic, place a stick of mint-flavoured chewing gum on the edge of your paper plate. Need a dolly? The chapter for seniors advises using your grandson's skateboard to move heavy things.

Haley's Hints by Graham and Rosemary Haley, published by New American Library. Soft cover, 398 pages. $22.50

Overcoming Incontinence:
A straightforward guide to your options
by Mary Dierich, MSN, RN, C-NP
and Felica Froe, MD

Overcoming Incontinence is a layperson's guide to understanding and managing incontinence.

The book helps dispel the myths surrounding the condition and offers the latest options for treatment—from lifestyle changes and exercises to devices, medications and surgery. The authors also explain how incontinence is diagnosed and treated, what tests people can have performed, and what outcomes can be expected. Common treatments are reviewed and the pros and cons of each are debated.

Overcoming Incontinence: A straightforward guide to your options is available from John Wiley & Sons. Please call 212-850-6011 to order a copy.

The Garden
Through the Lens—A Visit to Freeman Patterson's Garden

Nature—it's calming and inspiring. In his book, award-winning photographer Freeman Patterson takes us on a tour of his garden, Shamper's Bluff, a private ecological reserve in New Brunswick.

Photographs and prose capture the "five" seasons. There's the misty mornings of spring; the vivid colors of summer; the reds of a setting sun in autumn; and the white flakes of snow and ice on trees of winter.

The Garden by Freeman Patterson, published by Key Porter, 2003. Hardcover, 191 pages. $45.

Change for the Better

Preventative Prescription

The best prescription for preventing Type II diabetes is a healthy eating plan plus exercise, a combination that's more than twice as effective than medication when it comes to warding off the disease.

"A recent study from the Diabetes Prevention Program in the U.S. showed that individuals who were at risk of developing Type II diabetes experienced about a 68 per cent reduction in risk if they became physically active" and followed a healthy diet, notes Dr. Michael Ridden, professor of kinesiology and health science at York University in Toronto. In comparison, a diabetes drug called Metformin reduced risk by a mere 30 per cent.

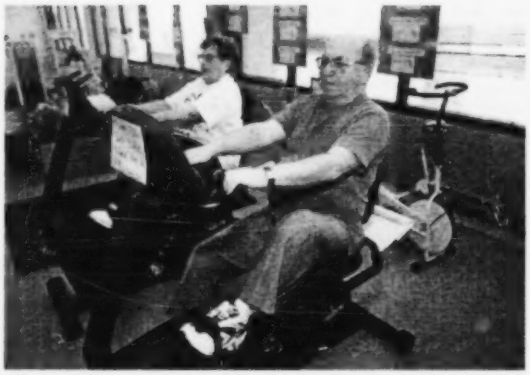
You don't have to take up running marathons: 30 to 45 minutes of moderate activity daily makes a big difference. Riddell suggests staying alert to opportunities for building activity into each day 10 minutes at a time. For example, when you're taking out the trash, walk around the block to check out your neighbors' new flowerbeds; or cancel your newspaper subscription and stroll to the corner store or paper-box every morning.

If you already have diabetes, don't be discouraged —it's never too late to reap the benefits of exercise. Physical activity can help keep complications in check and blunt the elevated risk of heart disease associated with the disease.

Just what does exercise do?

Weight control. Physical activity is a crucial component in maintaining a healthy body weight, which drastically improves your chances of dodging diabetes. For example, obese women are 20 times more likely than women of normal weight to be diagnosed with the disease. Even a 10 per cent reduction in weight significantly reduces the odds of developing diabetes.

Improves Insulin Sensitivity. Even if the needle on the scale doesn't budge, exercise helps insulin sugar into muscle, fat and liver cells more efficiently, explains Ridden, improving blood



sugar control. Muscle contractions (exercise) also help "burn up" blood sugar, effectively giving your body another way of keeping down damaging blood sugar levels.

Reduces Resting Blood Pressure. Regular physical activity shaves an average of 10 to 12 mm of mercury off your blood pressure reading—which means it's about as effective as antihypertensive medication.

Improves Blood Fat Profile. Exercise lowers levels of "bad" blood fats LDL and triglycerides, and boosts beneficial HDL—a combination a single drug usually can't deliver.

Settles Stress Hormones. "We have some evidence from our laboratory, and others, that physical activity lowers blood levels of stress hormones like cortisol," which aggravate diabetes, says Riddell.

May Save Pancreas Cells from Surrender. in Type II diabetes, the pancreas pumps out more and more insulin until, eventually, hormone-producing beta cells simply shut down and die. since exercise reduces the high blood sugars and blood fat levels associated with beta cell death, some scientists believe staying active may grant the pancreas a stay of execution.

Boosts Spirits. exercise increases your sense of well-being, boosts self-confidence, reins in stress and helps maintain regular sleep patterns.

Food for Thought

How can you change your eating habits without swearing off dessert forever or counting calories? Sharon Zeiler, senior manager of nutrition initiatives and strategies at the Canadian Diabetes Association, offers these simple strategies for healthier eating.

"Veg Out". "The most important thing people can do is increase their consumption of vegetables and fruits," Zeiler says. Fruits and veggies are packed with filling fibre, vitamins and minerals—and light on calories. Arrange a few pieces of fruit in a pretty bowl and display it prominently. Set a good example for your grandkids: ditch the candy dish, and stash a tray stacked with carrot curls, orange "smiles" and other finger-friendly treats in Nana's fridge. For a delicious dessert, serve fresh pineapple or mangos with low-fat vanilla yogurt in lieu of cake or ice cream.

Eat Around the Clock. Imagine your plate divided into quarters, like a clock. Heap half with vegetables and one-quarter with lean protein (for example, a piece of chicken the size of a deck of cards). Reserve the remaining quarter for carbohydrates like pasta or a baked potato.

Turf the Treats. The easiest way to avoid binging on chips, cookies and other calorie-laden, nutrient-poor foods is not to bring them home. Or stash in the freezer or cupboard—out of sight, out of mind!

Shift out of Automatic. Pay attention to how much you're eating. You're much more apt to stick to two cookies if you set them on a plate and stow the rest in the cupboard. At mealtime, set serving bowls on the counter to make you think before piling more on your plate.

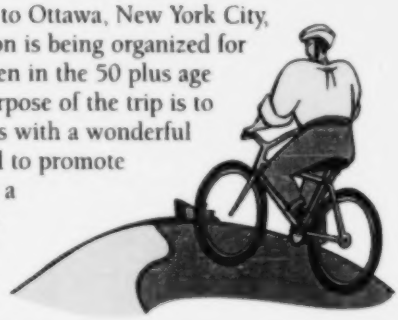
Avoid "Portion Distortion". Our eyes have gotten bigger along with our stomachs. Super-sized restaurant servings now look normal to us, so we're scooping out larger portions at home. The dishes tell the story: in 1956, the average dinner plate was 8 inches in diameter; today it's 10.5, Zeiler says. Switching to luncheon plates may help you adjust to eating smaller amounts.

Go for (Whole) Grains More Often. Some recent studies suggest swapping whole grain bread, breakfast cereal, pastas and rice for refined versions lowers insulin levels, and may even defer developing diabetes.

Source: *Good Times, The Canadian Magazine for Successful Retirement*, July/August 2003

Attention Cyclists

A bicycle tour to Ottawa, New York City, and Washington is being organized for men and women in the 50 plus age group. The purpose of the trip is to provide cyclists with a wonderful experience and to promote Nova Scotia as a destination for Canadian and American travelers.



The cyclists will depart on June 1st, 2004, and return approximately five months later. The cost of the trip is estimated at $2,000 per participant. It is hoped that 100 cyclists and 10 volunteers will be recruited to make the trip.

The adventure is being organized by Claude Dubè through the Canadian National Bicycle Club Registry. In addition to organizing the trip, this new organization plans to offer daily cycling in the Halifax area to members. The membership fee is $50 per year.

Those who register for the tour can participate in weekly indoor training opportunities and daily outdoor training when the weather permits.

For more information, contact Claude Dubè at (902) 209-2090.

Symptoms and Signs of Elder Abuse

One of the major problems in dealing with elder abuse is the difficulty practitioners may have in recognising it. Symptoms and signs of abuse are often subtle and are attributed to the ageing process because the person is old and frail. Ageing skin may bruise more readily, bones may fracture more easily due to osteoporosis, and falls may occur more often due to degenerative changes or disease in the central nervous system. However, the presence of any of the signs listed below should alert one to the possibility of abuse.

Physical and sexual abuse

This type of abuse includes beating, biting, burning, pushing, dragging, scratching, shaking, sexual assault and any other physical harm to an older person.

- Look for a history of unexplained accidents or injuries. Has the older person been to several different doctors or hospitals? Check on conflicting stories from the older person and caregiver, and on discrepancies between the injury and the history.
- Any story of an elderly person being accident prone should be viewed with suspicion, as should multiple injuries.
- Medical and nursing staff should undertake a full physical examination where possible.

Other practitioners can note the presence of bruising and abrasions on exposed areas.

- On the head, look for bald patches and signs of bruising on the scalp.
- Watch for black eyes and bleeding in the white part of the eye. Look for swelling and bruising of the nose and lips, lacerations and missing teeth, fractures of the skull, nose and facial bones.
- On the upper and lower limbs look for bruising, especially bruises of an unusual shape. Consider belt buckles, walking sticks, hair brushes or ropes as instruments of injury. Look for pinch marks and grip marks on the upper arms. Victims of abuse are sometimes shaken.
- Look for bums from cigarettes or from caustic substances. Glove or stocking distribution of bums suggest immersion in hot or boiling water.
- Look for rope or chain burns, or other signs of physical restraint, especially on the wrists and ankles, or around the waist. Older people may be tied to a bed, to a chair, even to a toilet.
- Medical or nursing staff should examine the genital area for bruising, bleeding, and painful areas. Check for torn, stained or blood-stained underwear. Look for evidence of sexually transmitted disease. Watch for difficulty with walking or sitting.

Psychological abuse

This is said to have occurred when an older person suffers mental anguish as a result of being shouted at, threatened, humiliated, emotionally isolated by withdrawal of affection, or emotionally blackmailed. Psychological abuse is usually characterised by a pattern of behaviour repeated over time and intended to maintain a hold of fear over the older person.

- The older person may be huddled when sitting, and nervous with the family member or caregiver nearby.
- Insomnia, sleep deprivation and loss of interest in self or environment may occur.
- Look for fearfulness, helplessness, hopelessness, passivity, withdrawal, paranoid behaviour or confusion. Look for anger, agitation, or anxiety. Many of these signs may be attributed to psychiatric disorders.
- Watch how the older person behaves when the caregiver enters or leaves the room. Often there is reluctance to talk openly, and the older person avoids facial or eye contact with both practitioner and caregiver.

Financial abuse

This is the improper use of an older person's money, property, or assets, by another person.

- There may be loss of money ranging from removal of cash from a wallet to the cashing of cheques for large amounts of money.
- Sudden or unexplained withdrawal or transfer of money from a bank account may occur.
- Bank books, credit cards and cheque books may be "lost".
- There may be a loss of jewellery, silverware, paintings, even furniture.

Power of Attorney may be obtained improperly from an older person who is not mentally competent.

Neglect

This is where an older person is deprived by the caregiver of the necessities of life.

- If food or drink are being withheld there is malnourishment, weight loss, and dehydration, all without an illness-related cause.
- There may be evidence of inadequate or inappropriate use of medication, for instance, the older person may be over sedated in the middle of the day.
- There may be evidence of unmet physical needs such as decaying teeth or overgrown nails.
- The older person may be lacking necessary aids such as spectacles, dentures, hearing aids or walking frame.
- There may be poor hygiene or inadequate skin care, clothing may be dirty and in poor repair, and where the older person is immobile, they may develop pressure areas over the sacrum, hips, heels or elbows. Medical care and attention may be withheld until the older person is almost moribund.

Behavioural signs in the abuser

There are many behavioural signs that may be exhibited by a person inflicting abuse.

- The abuser may not want the victim to be interviewed on their own.
- The abuser may have sought medical care from a variety of medical practitioners or hospitals, or alternatively may have refused treatment or care for the victim.
- The abuser may appear excessively concerned about the victim, or alternatively may be unconcerned about quite severe injuries.
- The abuser may use harassment or threats of legal action towards health care professionals involved in the victims care.

Source: Dr. Susan Kurrle,
Director and Senior Staff Geriatrician
Rehabilitation and Aged Care Service
Hornsby Ku-ring-gai Hospital, Australia

Watch your step!

Falling is a recurring nightmare for many Nova Scotians. It is also a recurring reality for many frail older adults. They worry about falling and being unable to get up, a worry that escalates if they live alone. Seniors are well aware that a fall can result in injury, broken limbs and joints, transfer to a nursing home, and even death. They worry about lying unattended on a cold kitchen floor for hours before being rescued.

Preventing these falls is the object of a study by Shanthi Johnson, a professor at the School of Nutrition and Dietetics of Acadia University. She is investigating the possible effects of healthy exercise and nutrition in improving the general health of frail, older adults, thereby increasing their strength and balance—and reducing the nightmare of falling.

Previous studies have focused on older people living either independently or in nursing homes, notes Dr. Johnson. This study, however, will zero in on seniors who are at least 65 years of age and live at home but need assistance with their daily lives.

The 164 people who will be studied will be divided into four groups: those who will be taught exercises to improve their balance; those who will receive nutritional supplements; those who will receive both types of help; and a control group who will receive neither type of intervention. Study participants are being recruited from Continuing Care and Victorian Order of Nurses (VON) in the eastern and central Kings County.

Research clearly indicates that not only are the frail elderly more likely to fall, they also suffer from poor nutrition and decreased strength and balance, says Dr. Johnson. Her project team, who have been specially trained to work on this project, include physiotherapists and dieticians who will visit with study participants and instruct them in beneficial exercises and ways to improve their nutrition, including using nutritional drinks, like Ensure, which is being provided for free by its manufacturer. They will also track their health—their incidence of falls, functional ability, weight, dietary consumption, strength and balance over the period of 12 months. Such a comprehensive research study could not be undertaken without the partnership of members from academic settings and community organizations such as VON, Continuing Care, and Eastern Kings Memorial Community Health Centre. Seniors themselves are to be congratulated for their volunteer participation; without their help, the research project would not take place.

Unintentional falls are not only one of the leading causes of death and disease among frail older adults, they also result in considerable physical, psychological, and economic costs. Recent analysis of the economic burden of accidental falls in Canada is estimated to be $3.6 billion annually. It's a cost, at all levels, that is too steep to bear.

Contact Information:
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School of Nutrition and Dietetics
Acadia University, Wolfville, NS B0P 1Z1
Tel: 902-585-1204
Email: shanthi.johnson@acadiau.ca

Successful Student Projects

Meet some of Nova Scotia's emerging new researchers

Data Cube Technology and Oral Health

Nariman Amiri, DDS, Masters Program, Health Informatics, Dalhousie University

Recent improvements in information technology, such as data cube technology (or online analytical processing—OLAP) offer numerous advantages for conversion of raw data to information and then to knowledge. This project will use OLAP to overhaul and redesign the database at the Dalhousie University Faculty of Dentistry. The current system contains patient information collected since 1974, specifically information on 256,924 treatments and 56,068 patient records. Knowledge gained from this research will provide a reliable and planned basis for the expansion of oral health care in Nova Scotia and will introduce Nova Scotia as the pioneer in oral health care knowledge translation. The enhanced structure and process may be used for better prevention, diagnosis and treatment of disease. Furthermore, it may be possible to expand its scope by integrating other related healthcare systems within Nova Scotia.

Protecting the Aging Brain

Tamara Franklin, Department of Anatomy and Neurobiology, Dalhousie University

With an aging population, there is a growing interest in finding ways to protect the aging brain from degenerative diseases and stroke. Experimental evidence suggests that animals exposed to an enriched environment are protected from neuronal loss caused by seizure activity and can have a stronger recovery from stroke-like injury. This project will expand knowledge about genes that promote resistance to injury, suppress cell death pathways, and remodel surviving cells so that after an injury, such as stroke, functional recovery can be maximized. Once the genes most important for cell survival and plasticity (or molding) have been identified, the transfer RNA of these genes will be investigated. This project will contribute to advances towards a possible novel cost-effective treatment for patients suffering form brain injury or stroke.

Strokes: Gait and Walking Disturbances

Jennifer Penney, School of Physiotherapy, Faculty of Health Professions, Dalhousie University

Each year, 1300 Nova Scotians have a stroke. More than 95 percent will survive the acute phase, but more than 60 percent will suffer from neurological impairments that limit functional independence and quality of life.

Gait or walking disturbances, characterized by muscle weakness and abnormal muscle tone, affect more than half of stroke survivors. They expend more energy walking than they would have before the stroke and tire rapidly, limiting walking distances and energy reserves available for other tasks.

Body-weight-supported treadmill training (BWSTT) is a therapeutic tool to assist people in gait retraining. The typical body-weight support apparatus consists of a vest attached to an overhead support system that can unload a percentage of the person's body weight using a pneumatic system. By decreasing the amount of weight bearing, the demands on the lower extremity muscles are reduced, facilitating progressively more effective and efficient movement strategies.

While it is reasonable to expect that BWSTT would have a positive effect on the metabolic or energy costs of walking, no studies have explored this relationship. Positive results will support further, larger-scale investigations, while negative results might stimulate the development of alternate strategies to minimize energy expenditure during walking after stroke.

Source: *Research Advances, Newsletter of the Nova Scotia Health Research Foundation*
Volume 3, Fall/Winter 2003

Informaton on Aging and Gerontology

Valuable Journals on Aging and Gerontology

- Activities, Adaptation &. Aging
- Clinical Gerontologist
- Gerontology & Geriatrics Education
- Home Health Care Services Quarterly
- Journal of Aging & Pharmacotherapy
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- Journal of Nutrition for the Elderly
- Journal of Religious Gerontology
- Journal of Social Work in Long-Term Care (NEW)
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A Selection of New and Forthcoming Aging Titles

- *Advancing Gerontological Social Work Education*, Joanna Mellor, DSW, and Joann Ivry, PhD, eds.
- *An Aging India: Perspectives, Prospects and Policies*, Phoebe S. Liebig, PhD, and S. Irudaya Rajan, PhD, eds.
- *Aging, Spirituality, and Pastoral Care: A Multi-National Perspective*
  Re. Elizabeth MacKinlay, RN, PhD,
  Rev. James W. Ellor, PhD,DMin, DCSW and
  Rev. Stephen Pickard, PhD, eds.

- *Devolution and Aging Policy*
  Francis G. Caro, PhD and Robert Morris, DSW, eds.
- *Emerging Trends in Psychological Practice in Long-Term Care* , Margaret P. Norris, PhD, Victor Molinari, PhD, and Suzann Ogland-Hand, PhD, eds.
- *Gerontological Social Work Practice: Issues, Challenges, and Potential*
  Enid Opal Cox, DSW, Elizabeth S. Kelchner, MSW, ACSW, and Rosemary Chapin, PhD, MSW, eds.
- *Health Expectations for Older Women: International Perspectives*
  Sarah B. Laditka, PhD. ed.
- *Long-Term Care in the 21st Century: Perspectives from Around the Asia-Pacific Rim*
  Iris Chi, DSW, Kalyani K Mehta, PhD, and Anna L Howe, PhD, eds.
- *Mental Health and Spirituality in Later Life*
  Elizabeth MacKinlay, RN, PhD, ed.

A Brief Overview of AARP'S

Grandparent Study 2002 Report

Introduction

Generally speaking, grandparents play an important role in the lives of grandchildren. Certainly, the relationship between grandchildren and grandparents varies by individual or family. Some grandchildren are more emotionally connected to their grandparents than others; likewise, some grandparents have more presence in their grandchildren's lives because they live nearby and/or have simply spent more time with them. The grandparent/grandchild relationship is considered unique and special. There are few, if any, relationships in children's lives that replicate that between grandparent and grandchild. On the other hand, there are a surprising number of elements that are common to all or most grandparent/grandchild relationships. The current study was undertaken by AARP's Grandparent Information Center to examine the relationship between grandparents and their grandchildren.

This study presents a comprehensive look at the grandparent-grandchild relationship from the grandparents' perspective.

Issues addressed in the current report include: visitation, communication between grandparent and grandchild, and the grandparent purchases for their grandchildren.

A telephone survey was fielded in late 2001/early 2002. A total of 1,500 grandparent respondents, all AARP members, were surveyed. The age of the grandparent respondents ranged from 45 years to 100 years, with a mean age of 64 years. Roper ASW conducted the survey and data entry while all analyses conducted by AARP's Knowledge Management staff.

Whose role is it?

Grandparents were asked about which role in their grandchildren's lives were more a part of the grandparents' role, the parents' role, or both. One item that received a greater response for the grandparent's role than the parent's include: telling grandchildren about the family history (grandparents received a response of 36% versus 5% for parents).

Grandparents are the family historians and the glue that holds the extended family together. Grandparents playa vital role in instilling a sense of family in children. Through grandparents' stories about their youth and other family members, grandchildren learn where they came from and pick up a history lesson or two along the way. Grandparents disseminate information about relatives, keeping grandchildren connected with other members of the extended family. Also, grandparents are often the catalyst that physically brings family members together, i.e., they are the ones who typically initiate or host family get-togethers.

Face-to-face contact

Grandparents were asked to report how often they see at least one of their grandchildren. Most grandparents (68%) said they see a grandchild every one or two weeks. Another 24 percent said they see a grandchild once a month to once every few months. These results suggest that a good percentage of grandparents have regular visits with at least one of their grandchildren.

Activities

Respondents reported doing a variety of activities with their grandchildren. The most popular activities that grandparents reported doing with their grandchildren during visits included have them over for dinner (86%), go out to dinner (84%), watching an entertainment program on TV (76%), going shopping (75%), and reading to them (75%).

Topics of discussion

Grandparents show a genuine interest in their grandchildren's lives. This interest is evident to grandchildren in the manner in which grandparents converse with them. First and foremost, grandparents are great listeners. They are willing, indeed eager, to listen to grandchildren talk about themselves, and they do so with greater patience and attentiveness than parents do. Moreover, grandparents encourage children to talk about themselves. Grandchildren of all ages (including young adults) generally relish this attention, as it is rare to engage in conversations that revolve solely around them. Certainly, having someone so interested in their lives and hearing what they have to say is an ego boost.

Grandparents seem to be more likely to speak to grandchildren about day-to-day issues that arise in their lives. When asked to identify topics they discuss with their grandchildren, fun activities they are looking forward to (86%), school (84%), morals or values (78%), planning future visits (72%), and daily activities (72%) were the most popular choices. The data also suggest that a substantial number of grandparents and grandchildren do discuss deeper issues such as religion/spirituality (65%), cigarettes (47%) drinking or alcohol use (43%), illegal drugs such as marijuana or cocaine or drug use (45%), and sex (24%)

Grandchildren often turn to grandparents for advice, problem-solving, or simply a sympathetic ear. As mentioned earlier, grandparents often show greater patience and willingness to listen to grandchildren. Also, grandchildren often feel that grandparents have a more favorable image of them than their parents have, and thus are likely to be more sympathetic to their cause. The fact that grandparents are less judgmental and unlikely to take punitive action also encourages grandchildren to confide in them. In some instances, grandparents are called upon to intervene on grandchildren's behalf, i.e., talk to parents regarding some dispute between them (parents) and the child.

By and large grandparents feel that grandchildren are more likely to discuss sensitive issues with their parents. However, some grandparents feel that their grandchildren are equally likely to talk to them and their parents about religion or spirituality (44%), drinking and alcohol use (31%), and drugs or drug use (30%).

Grandparent purchases

There is a fair amount of existing literature that describes mature adults as an untapped and emerging market. Financial institutions as well as other commercial businesses and organizations have come to realize they can no longer ignore mature adults. The primary reason for this recent occurrence concerns a tremendous reversal of fortune. In recent decades older adults have gone from being the poorest segment of society to the richest. Today the 50 plus population earn almost $2 trillion annually. They represent a little over 50 percent of all discretionary spending power. With this in mind, questions were asked of grandparents concerning their spending as it relates to their grandchildren.

Grandparents indulge and cater to grandchildren. Children learn at a young age that grandparents are more likely than their parents to give in to their whims and desires. This indulgence comes in many forms. Certainly, there are the materialistic indulgences such as the toys, clothing, money, etc., that grandparents bestow on grandchildren. Younger children are unabashed in admitting that these random gifts contribute significantly to their grandparents' appeal. Teens and young adults tend to downplay the importance of these gifts; however, most acknowledge that they are very much a part of the grandchild/grandparent relationship, i.e., they more or less expect grandparents to indulge them in this manner, and are genuinely glad that they do.

Questions were asked regarding the types of items grandparents purchased for their grandchildren and the reasoning behind such purchases. Among the most frequently reported reasons are: Birthdays and holiday gifts such as Christmas, Hanukah or Kwanzaa (97% and 96% respectively). Another 93 percent said they purchase things for their grandchildren because they enjoy it and 90 percent to entertain or have fun with their grandchildren.

Respondents identified more practical reasons for spending money on their grandchildren. A little more than half of all grandparents surveyed (52%) reported they spend money for grandchildren's educational needs. Roughly, 45 percent of grandparents said they help pay living expenses of their grandchildren. A significant percentage of grandparents (25%) also help to pay the medical expenses of a grandchild. These results indicate that significant numbers of grandparents are helping their children support their grandchildren on a day-to-day basis.

Items respondents are more likely to purchase for their grandchildren most often include: clothing (87%), books (80%), fun foods such as snacks or fast food (78%), toys or other non-computerized games such as board games, dolls or cards (76%).

Importance of role

Grandparents were asked to evaluate how important they are to their grandchildren. More than half (58%) said they play a very important role in the lives of their grandchildren. Thirty percent reported they feel they playa somewhat important role.

It is very interesting to see that so many grandparents believe they play an important role in the lives of their grandchildren. This leads one to inquire about the things that may influence or are related to how important a grandparent feels their role is in the life of their grandchildren. Analyses were conducted to gain insight into this issue.

Summary of findings

Generally, grandparents across all age groups are attempting to keep in contact and visit their grandchildren. However, many grandparents may have to travel great distances to see them. More and more often families are spreading themselves across the state rather than across town. Yet, grandparents are still reporting a relatively high rate of visits with grandchildren.

Grandparents report engaging in a wide range of activities during visits with grandchildren. A vast majority gravitate toward activities which include cooking or dining. This may be in large part because people at any age can sit down and enjoy a meal with family. It may also be that grandparents today are a generation of people who typically gathered around the dinner table in the kitchen and shared the happenings of the day with one another.

Grandparents do discuss a rather diverse number of topics with their grandchildren. Yet, grandparents believe grandchildren are more likely to discuss serious issues with their parents. It seems that grandparents may act as a back-up or support rather than the sole person to whom a grandchild may turn. The role of supporting cast appears to be one often held by grandparents.

A good percentage of grandparents provide child day care for grandchildren. Others have grandchildren and parents residing in their household. Some grandparents offer support in other ways such as financial support. Grandparents reported spending a fair amount of money on purchases for grandchildren. Some of the items they reported purchasing are items of necessity rather than luxury.

The findings presented in this report show that grandparents and grandchildren are interacting and connecting in a wide array of forums. It also suggests that grandparents feel they do contribute to the lives of younger people. This reaffirms their belief that they do indeed have an important role to play in the lives of their grandchildren.

Curt Davies, Research Analyst,
Knowledge Management AARP

Source: *Intercom—Ageing in Focus*
International Federation on Ageing
January 2004, Volume 11, No. 1

National Volunteer Week

Who: Managers of volunteer programs in volunteer-involving organizations of all sizes.

What: An annual celebration of Canada's 6.5 million volunteers. The Week also raises awareness of the vital contribution volunteers make to our communities and to the identity and values of our country. Volunteer Canada promotes National Volunteer Week through the Canada Volunteerism Initiative, funded by the Government of Canada. Additional support for National Volunteer Week is generously provided by Investors Group.

Where: In thousands of non-profit and charitable organizations from coast to coast to coast. In community centres, hospitals, schools, libraries and corporate offices—wherever volunteers are involved.

When: April 18 to April 24, 2004. Generally the celebrations take place during the third week of April (beginning on a Sunday and ending on a Saturday); however, the dates for National Volunteer Week may be adjusted according to the Easter holiday.

Why: This is the time of year for a national celebration, a countrywide thank you to the volunteers that build and strengthen our communities. Volunteers respond to the unique needs of each community in Canada—volunteers grow community!

How: Volunteer Canada has produced the following resources to help with your volunteer recognition events:

- National Volunteer Week Poster, 11" x 17", is available for the cost of shipping and handling only. Order online at www.volunteer.ca/marketplace.
- Speaking notes, newsletter articles, activities, a media guide, great celebration ideas and more are online at www.volunteer.ca/nvw
- National Volunteer Week postcards, and promotional mugs, key chains, t-shirts, Frisbees and more, can be purchased online at www.volunteer.ca/marketplace

For more information about National Volunteer Week or to order resources call 1-800-670-0401 or visit Canada's site for information on volunteering, www.volunteer.ca/nvw

Looking for information on volunteering and managing volunteers

Help build the body of knowledge on volunteering—share your resources with the voluntary sector.

Visit the Voluntary Resource Centre at www.volunteer.ca/resource or 1-800-670-0401

Know the legal risks of being a volunteer Board member

According to the 2000 National Survey on Giving, Volunteering and Participating, about 41 percent of Canadian volunteers serve on boards and committees. Despite the commitment to countless causes and organizations many board members may be unaware of the legal ramifications of their volunteer work and the possibility of being held personally liable. This liability applies to all nonprofit organizations including clubs, associations, societies, leagues, committees and charities.

The basic responsibility of directors is to represent the interest of the organization, their members and their constituencies in directing the affairs of the organization, and to do so within the law. In their role as "trustee", directors have three basic duties:

Diligence: to act reasonably, prudently, in good faith and with a view to the best interests of the organization and its members;

Loyalty: to place the interests of the organization first, and to not use one's position as a director to further private interests;

Obedience: to act within the scope of the governing policies of the organization and within the scope of other laws, rules and regulations that apply to the organization.

A volunteer director who fails to fulfill his or her duties as outlined above mabe be liable.

The term "liability" refers to the responsibility of directors and organizations for the consequences of conduct that fails to meet a pre-determined legal standard. Usually, the term "consequences" refers to damage or loss experienced by someone, and being responsible for, such consequences can mean having to pay financial compensation.

Volunteer Canada has created a resource to inform board members about their legal duties and obligations, and that offers a practical "prevention checklist" to help minimize personal liability. Visit www.volunteer.ca (Board volunteering section) to download this resource.

Resources

Volunteer Canada has a series of capacity-building resources, manuals and posters. Visit www.volunteer.ca for complete descriptions of these and other resources, and to download materials. Printed copies are available through the Marketplace at www.volunteer.ca/marketplace. A minimum shipping and handling charge will apply to all orders.

Volunteer Management Resources

- *Canadian Code for Volunteer Involvement*
  Free while supplies last, shipping and handling charges apply
- *Volunteer Management Audit: The Canadian Code for Volunteer Involvement*, $7.50
- *Facilitated Discussions: A Volunteer Management Workbook*, $7.50
- *A Matter of Design: Job design theory and application to the voluntary sector*, $7.50
- *Engaging Employees in the Community—Connecting People to Possibilities*, $25.00
- *Volunteers At Work—How Canadian Businesses Encourage and Support Volunteerism*, $25.00
- *A Guide to Volunteer Program Management Resources*, $7.50
- *Power of Many* video, $8.00
- *Volunteering ..a Booming Trend*, $1.25

Board Volunteerism Resources

- *Advocacy on the Agenda: Preparing voluntary boards for public policy participation*, $12.00
- *Know the legal risks of being a volunteer Board member*
  Free while supplies last, shipping and handling charges apply

Employer-supported Volunteerism Resources

- *Engaging Employees in the Community—How To Establish Employer-supported Volunteerism In Your Company*, $25.00
- *Volunteers At Work—How Canadian Businesses Encourage and Support Volunteerism*, $25.00
- *Volunteer Connections: The benefits and challenges of employer-supported volunteerism*, $7.50
- *Developing Employer-supported Volunteerism Policies*, $10.00

Youth Volunteerism Resources

- *Volunteer Connections: New strategies for involving youth*, $7.50
- *Youth Works! Creating and developing youth-led volunteer projects*

Free while supplies last thanks to the generous support of Investors Group Inc. Shipping and handling charges apply.

Volunteer Connections

This set of four separate volunteer program management manuals is written for professional administrators of volunteer resources, as well as those who recruit, manage, oversee and support volunteers in a paid capacity or as volunteers. Each Connections manual is sold separately.

Price: $7.50 each

- *Volunteer Connections: Creating an accessible and inclusive environment*
- *Volunteer Connections: The benefits and challenges of employer-supported volunteerism*
- *Volunteer Connections: New Strategies for involving older adults. Volunteer Connections: New Strategies for involving youth*

Volunteer Screening

Volunteer Canada has a series of resources on screening. For a complete list of these products, please go to www.volunteer.ca/screening.

- *The Screening Handbook: Protecting Clients, Staff and Community*, $20.00
- *Safe Steps: A Volunteer Screening Process*, $25.00
- *Playing it Safe: A Volunteer Screening Process for Recreation and Sport*, $25.00
- *Screening in Faith*, $25.00
- *Taking Care: Screening for Community Support Organizations*, $25.00
- *Understanding Police Records Checks*
  Free while supplies last, shipping and handling charges apply

Presentation Folder

Attractive full colour folder with two pockets. Holds 8.5 x 11 inch pages. Ideal for customization of your message. $1.75

To view photos of these items, please visit www.volunteer.ca/marketplace.

330 rue Gilmour Street, Ottawa, ON K2P 0P6
Tel: 1-800-670-0401; Fax: 1-613-231-6725

Source: Canada Volunteerism Initiative

Know your travel insurance!

Since MSI will cover only a fraction of the cost of medical treatment outside of Canada, it is generally well known that health insurance is a necessity when travelling. For example, in some states a hospital room can cost ten thousand dollars a day. Fortunately, there is a range of insurance products on the market. You can choose from coverage for a specific trip, season (i.e. summer, winter) or an entire year. Options are also available in terms of medical, dental, medications and emergency transportation.

Unfortunately, travelers are not always adequately familiar with their medical insurance. Misunderstanding insurance coverage often leads people to people to assume they are covered for all medical emergencies when travelling. It is also important to know if you will have to pay costs up-front and be reimbursed later, or will the insurer pay the health service provider directly?

It is important to be on your toes when shopping for travel insurance. Insurers will often not cover pre-existing medical conditions. For example, if your ulcer flares up while you are away, medical attention would probably not be covered. It is important to understand your insurer's definition of a pre-existing condition. A pre-existing condition does not necessarily require a past diagnosis. For example, prior indications or symptoms may be enough to exclude that condition from your coverage. For this reason it is best to get a complete list of your exclusions in writing before buying insurance.

Older applicants are often asked to complete a medical questionnaire when purchasing travel insurance. It can be tempting to rush through this form and leave out medical details. Unfortunately, incomplete information can have disastrous results later. Leaving out details when you apply, may provide your insurer with grounds for denying a future claim. By completely disclosing your medical condition, your insurer will be able to tell you exactly what you are covered for and what is excluded.

You will also want to consider coverage if you are travelling in another province. Although most medical services you might obtain in other provinces will be billed directly to the provincial plan, there are some important exceptions to be aware of. For example, Nova Scotia patients will be billed directly for most ambulance travel in other parts of the country.

If you require medical attention while travelling away from home it is important to be aware of your insurers requirements for notification. At best you may want to consult with your insurer before receiving attention or at the very least within 24 hours. Insurers want to have the opportunity to be involved in the emergency treatment plan. You may not be covered if you fail to follow your insurer's notification guidelines.

There are many sound reasons to familiarize yourself with your insurance before you leave home. Travel insurance can be purchased from an insurer, travel agent, bank or even a group or association you belong to. Suppliers in Nova Scotia include: Atlantic Blue Cross, RBC Insurance, Maritime Life and BMO. Some senior's associations and travel groups have their own group plans. You may want to check with other members to see if group rates are available or if they can recommend insurance providers.

Stephen Coyle, Research/Policy Analyst
Senior Citizens' Secretariat

What's New

Life-Size Games For giant-sized fun

Looks like it could be "game over" for croquet, badminton and horseshoes. The new winners in backyard fun are Giant Garden Games from England. They've turned the great outdoors into a giant games room!

Imagine inviting a friend over to play chess—only this time, the pieces are 45 to 70 centimetres tall. Snakes and Ladders with the grandchildren really comes to life with the players as the game pieces, moving up the ladders and down the snakes on a three-metre plastic mat. Or test your agility with Giant Pick Up Sticks.

Other games include Giant Checkers, Mega 4 in a Line, Ludo, Hi-Tower, and Quoits. Games can be played in the snow, too.

For details, visit www.lettucemakethyme.com or Call 1-800-662-6566. Prices range from $60 (Pick Up Sticks) to $1,000 (Giant Chess).

Evo.pen

The Evo.pen is designed for people who have arthritis, carpal tunnel syndrome, writer's cramp—anyone with pain or difficulty grasping a pen—and for those who simply appreciate its fine design. Originally available in plastic, the new ergonomic evo.millenium pen is metal and is chrome plated. The pen is "contoured to fit the most natural, efficient and precise gripping posture of the hand" and has replaceable ink cartridges. Evo.pen has received commendation from the American Arthritis Foundation and is sold at the Museum of Modern Art Stores in New York and other specialty gift stores. For more details, visit www.evopen.com or call (212) 213-1065.

Source: *Good Times*, July/August 2003

Calcium

Since 99 per cent of the body's calcium is stored in the skeleton, many people assume the mineral (which also regulates life-sustaining functions like heartbeat and blood clotting) is only needed for building bones. However, research suggests calcium can help ward off a host of health woes including:

- osteoporosis
- weight gain
- tooth loss related to gum disease
- high blood pressure
- elevated blood cholesterol
- stroke
- colon cancer
- breast cancer

Some of the best sources of calcium include dairy products, many of which you can enjoy even if you're lactose intolerant. Yogurt and hard cheeses, for example, contain very little of the milk sugar that causes bloating and diarrhea in susceptible individuals, and studies indicate most people with the disorder can even consume a half-cup to one cup of fluid milk at a sitting without experiencing symptoms.

Current recommendations suggest consuming 1,200 to 1,500 mg of calcium per day if you're over 51. Here's how the calcium content of various foods stacks up:

1 cup milk (300 mg)

1 cup calcium (300 mg)

fortified soy milk

3/4 cup yogurt (300 mg)

3/4 cup almonds (300 mg)

1/2 tin salmon with bones (300 mg)

3 oz tofu made with calcium (150 mg)

1/2 cup cooked bok choy or kale (75 mg)

3/4 cup cooked broccoli (50 mg)

1 cup kidney beans or lentils (50 mg)

1 orange (50 mg)

To get the most from this all-important nutrient, don't drink coffee or tea with meals or snacks, advises registered dietitian Diana Steele, since caffeine impairs calcium absorption.

Source: *Good Times*, July/August 2003

Annual General Meetings

Gerontology Association of Nova Scotia

Mount Saint Vincent University
Rosaria Student Centre (Multipurpose Room)
166 Bedford Highway, Halifax
April 23, 2004, 9:00 am – 3:00 pm

Canadian Pensioners Concerned

St. Angnes Church Hall, Campbell Room,
6903 Mumford Road, Halifax. March 29, 2004,
12:00 – 3:30 pm.

Retired Teachers Association of Nova Scotia

Wandlyn Inn, 50 North St, Bridgewater.
June 2, 2004, 9:30 am – 12:30 pm.

Events

The Trip That No One Wants to Take: A Practical Approach to Fall Prevention

Sponsored by Northwood Foundation. Friday June 4,2004 at the Westin Nova Scotian Hotel. Keynote Speaker Dr. Glen Ginther, Geriatrician; Medical Director QEII Geriatric Day Hospital. Topics include: Nutrition, Environmental Modifications, Medications and Exercise. Designed for staff of long term care, home care, community care givers of the frail elderly including family. Conference fee $65.00 (includes lunch & nutrition break). Dr. Ginther will also give a free public lecture Thursday June 3, 7–8 pm Northwood center. For more information or to register contact: Pat MacKenzie at 454-3378 or pmackenzie@nwood.ns.ca.

Open the Bank Vault Fund-raiser
Grand Prize: $5000 in cash & prizes
Tickets on Sale from 1 March to 14 May, 2004

Mic Mac Mall, Zellers Crt., Lower Level; Scotiabank, Portland St; Sunchasers Tanning Spa & Stepping Stones Hair Design, Cole Harbour; Ocean View Manor, Eastern Passage

Tickets: $2.00 ea or 3/$5.00
For more information call: 465-6020, ext.163
Proceeds to Ocean View Manor Foundation

Dalhousie University—
Maritime School of Social Work

Continuing Education—Workshop

Promoting Well Being in Older People: Environment, Body, Mind and Spirit

The Law & Aging—Jeanne Desvea

Elder law involves representing, counseling and assisting the elderly and their families in connection with a variety of legal issues from estate planning to long-term care issues, with a primary emphasis on promoting the highest quality of life for such individuals.

Addressing Eldercare Issues Through Mediation—Sharon Gibson

When a parent is diagnosed with chronic illness the impact is felt by all family members. The decline of a parent's health, the death of one parent, increased need for support and services, are normal circumstances for families with aging parents or relatives.

Working with Persons with Challenging Behaviours: Cognitively Impaired and Not Cognitively Impaired—Sarah Krieger-Frost

This portion of the workshop will be divided into two parts. We will initially look at dealing with challenging behaviours in the non cognitively impaired elder and then move to strategies for preventing and intervening in challenging behaviours in the cognitively impaired elder.

Objectives:

At the conclusion of this workshop participants will:

- Have a more comprehensive understanding of how personality traits, past experience and selected mental health issues impact on the experience of being aged.
- Show an understanding of how their approach and interaction style can impact on their relationship with individuals who may require assistance with daily living activities.
- Develop an understanding of the theory of retro genesis as it applies to dementia.
- Have an understanding of the need for an individualized approach to individuals with cognitive impairment and an appreciation for the need to understand where the individual client/patient is in relation to their cognitive development.
- Feel empowered to apply non-pharmacological strategies to common behavioural problems seen with persons with cognitive impairment.

May 17 & 18, 9:00 am–4:00 pm
Student Union Building, Room 303
Dalhousie University, Halifax, NS

For information, please contact:
Louise Ghiz, MSW, RSW, Coordinator,
Continuing Education
Maritime School of Social Work,
6414 Coburg Road, Halifax, NS B3H 3J5
Tel: 902-494-1353/2249; Fax: 902-494-8025
E-mail: louise.ghiz@dal.ca

For program details or to register:
http://is.dal.ca/socialwork/coned

Home Decor Online

By Catherine Rondina

Home—there's no place like it. When it comes to decorating or remodelling, most of us put a lot of thought and planning into making our homes as beautiful, comfortable and functional as possible.

It's exciting to collect ideas from decor magazines and TV design shows, but there's another resource that's bursting with decorating tips—the Internet. Here you'll find tons of great information and inspiration on all kinds of home projects. So before you slap on that first coat of paint, check out these Websites:

www.getdecorating.com;

www.creatinghomedecor.com;

www.styleathome.com;

www.rentaldecorating.com;

www.all-homedecor.com;

www.decorating4less.com.

Source: *Good Times*, March 2004
Condensed

Health News

By Wendy Haaf

Diabetes Guidelines—Go Online

If you're diabetic, you can now ensure that you and your doctor are on the same page when it comes to dealing with this potentially devastating disease. For the first time, the latest set of Canadian guidelines aimed at preventing and treating diabetes has been published online available to everyone.

Released in December 2003, the updated guidelines recommend new, lower targets for blood glucose, blood pressure, cholesterol and triglycerides, as well as urging newly diagnosed diabetics to ask for tests to detect early signs of kidney disease. Recent research has demonstrated that early diagnosis—and aggressive treatment of these risk factors significantly reduces the likelihood of developing complications such as diabetes-related kidney failure, a condition experts predict could cost Canadians $2.4 billion by 2006.

To view the new guidelines, visit the Canadian Diabetes Association's Website: www.diabetes.ca

Low D Levels Linked With Falls

An Australian study suggests vitamin D deficiency may increase a senior's risk of falling. Scientists who studied 1,500 women living in residential care discovered the amount of vitamin D in the blood appeared to predict an individual's likelihood of falling. Compared with women who had a deficiency, a doubling of vitamin D levels appeared to reduce the risk of falling by 20 per cent. While vitamin D is produced by the skin in response to sunlight, the body's ability to manufacture it drops with age, and the sun's rays aren't strong enough during Canadian winters to produce sufficient amounts of the nutrient.—Journal of the American Geriatrics Society

Source: *Good Times*, March 2004

June 11 & 12, 2004
9:00 am-6:00 pm

Exhibition Park

$5 at door only

Dance

$10 for dance on Friday, June 12th with
Novelty Salesmen & The Travlyn Band.
Come dance the night away
to their swinging jive music
on the large wooden dance floor!

Entertainment

BACK BY POPULAR DEMAND
For the 2nd Year in a Row!
"Memories of Don, Marg, Charlie & the Jubilee"

Pete Luckett of "Pete's Frootique"

Amateur 50+ Star Search

Floral Arranging with Neville MacKay
of "My Mother's Bloomer's"

Free Shuttle Service with Zinck Charters:

Casino Nova Scotia to Ex Park (1983 Upper Water Street)

Halifax Shopping Centre to Ex Park (across from Royal Bank)

Mic Mac Mall to Ex Park (by Farmer Clem's in overflow parking)

Sackville Heights Community Centre to Ex Park (45 Connolly Road)

For further information contact Barbara Broome at 429-5808 or 424-5407
toll-free 1-800-670-0065; www.50plusexpo.ns.ca